

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

To be filed with:
Charlie Daniels, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

☐ Check if this report is an amendment

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203-1917
Phone (501) 324-9600
Toll Free (800) 422-7773

**THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE
THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE**

1. Name of Candidate

Address

City, State and Zip

Phone Number:

Office Sought

District Number:

Does the candidate have a campaign committee? () Yes () No
If yes, complete the following:

Name of Chairperson/Treasurer:

Mailing Address:

Phone Number:

(Secretary of State File Stamp)

2. Type of Election: (check one only) Year of Election: _____

☐ Preferential Primary ☐ General ☐ General Primary (run-off) ☐ Special

3. Type of Report: (check one only) This report covers what period? (/ /) through (/ /)

<input type="checkbox"/> 10 Day Preelection	<input type="checkbox"/> January Monthly	<input type="checkbox"/> May Monthly	<input type="checkbox"/> September Monthly
<input type="checkbox"/> First Quarter (due April 15)	<input type="checkbox"/> February Monthly	<input type="checkbox"/> June Monthly	<input type="checkbox"/> October Monthly
<input type="checkbox"/> Second Quarter (due July 15)	<input type="checkbox"/> March Monthly	<input type="checkbox"/> July Monthly	<input type="checkbox"/> November Monthly
<input type="checkbox"/> Third Quarter (due October 15)	<input type="checkbox"/> April Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> December Monthly
<input type="checkbox"/> Fourth Quarter (due January 15)			

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at beginning of reporting period		
5. Interest (if any) earned on campaign account		
6. Total Monetary Contributions (enter total from line 17)		
7. Total Expenditures (enter total from line 26)		
8. Balance of campaign funds at close of reporting period		
9. () NO ACTIVITY (check if you have not received or spent money during this reporting period)		

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for _____, County, Arkansas, on this _____ day of _____, _____.
(Legible Notary Seal)

Notary Signature _____

My Commission Expires: _____

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

The law provides for a maximum penalty of \$1,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 7-6-201 through § 7-6-225. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

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10. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
11. TOTAL LOANS DURING REPORTING PERIOD			\$

IMPORTANT

The limits on campaign contributions do not apply to a candidate's own contribution from personal funds or to personal loans made by financial institutions to the candidate and applied to his campaign. Any personal loan made by a financial institution to a candidate and applied to his campaign shall be reported in Section 10 and included in the amount of total contributions reported on line 19.

If a candidate desires to use or raise campaign funds to repay himself for personal funds that he contributed to the campaign, then he would need to report those personal funds as a loan in Section 10. Such personal funds would be included in the amount of total contributions reported on line 19.

If a candidate does not desire to use or raise campaign funds to repay himself for personal funds that he contributed to the campaign, then those personal funds would not be reported in Section 10. Instead, they would be reported as a campaign contribution either in Section 16 or on line 18, depending upon the amount.

12. NONMONEY CONTRIBUTIONS

(Does not include volunteer services by individuals)

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
13. TOTAL NONMONEY CONTRIBUTIONS				

IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a person provides him with an item or service without charge or for a charge which is less than the fair market value of the item or service in question.

The value of an in-kind contribution is the difference between the fair market value and the amount charged. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

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14. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print
(Use Additional Copies Of This Page If Necessary)

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
Subtotal of Contributions This Page				

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ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
15. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50				
16. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS				
17. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 11, 15 and 16)				

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18. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

[illegible]

20. PAID CAMPAIGN WORKERS

(Include any person you paid to work on your campaign, does not have to be full-time worker)

[illegible]

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22. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print
(Use additional copies of this page if necessary)

[illegible]

Note: All Expenditures Reflected on Lines 23, 24, and 25 Should Be Totaled by Category In Section 18

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